

# Monthly EE/CAA Reimbursement Reports Request Form



Please select how you want the monthly EE/CAA reports transmitted to you from the two choices below:

- ☐ Electronically through the Health-e-App web site  
☐ Paper through the U.S Mail

If paper is selected, please confirm the address where the monthly EE/CAA reports are to be mailed.

- ☐ Confirm

Enrollment Entity Number \_\_\_\_\_

Enrollment Entity Name \_\_\_\_\_

Billing Street \_\_\_\_\_

Billing City \_\_\_\_\_

Billing State \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

- ☐ Contact and/or Billing Address change

Enrollment Entity Number \_\_\_\_\_

Enrollment Entity Name \_\_\_\_\_

Billing Street \_\_\_\_\_

Billing City \_\_\_\_\_

Billing State \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Enrollment Entities may contact the EE/CAA Help Line for any other inquiries at 1-800-279-5012 or via e-mail at [ee-caalaison@maximus.com](mailto:ee-caalaison@maximus.com). The staff is available to assist Monday through Friday from 8:30 am – 5:00 pm excluding holidays. EE's or CAA's can also visit the Healthy Families web site at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).

Please mail all correspondence to:  
Healthy Families - EE/CAA Liaisons  
625 Coolidge Dr  
Folsom, CA 95630